

Case Number:	CM14-0015092		
Date Assigned:	02/21/2014	Date of Injury:	07/22/2010
Decision Date:	06/25/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Ophthalmology and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51 year-old female with the diagnosis of posterior capsular opacification, for whom request is made for YAG laser posterior capsulotomy of the right eye. The patient has a history of glaucoma in the right eye, ischemic optic neuropathy of the right eye, and status post removal of traumatic cataract on 11/14/2012. Per most recent progress note submitted for review dated 12/18/2013, the vision is 20/30-2 right eye (OD) and 20/25-2 left eye (OS), examination was significant for 2+ opacification of the posterior capsule. There is no documentation of any functional impairment, such as difficulty driving, reading, or other activities due to the posterior capsular opacification (PCO); there is no documentation that the PCO is causing difficulty in visualization of the retina / monitoring any retinal disease.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

P2P YAG LASER, RIGHT EYE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 456-458.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Eye Chapter, Cataract Removal, Indications for Yag Laser Capsulotomy (Emedicine, <http://emedicine.medscape.com/article/1844140-overview>).

Decision rationale: Indications for YAG laser capsulotomy include the following: Interference with daily activities, Decreased vision, Increased glare, Difficulty visualizing the fundus: In this case, the patient has visual acuity of 20/30 without any documentation of interference with daily activities, glare, or difficulty visualizing the fundus. Since vision is better than 20/40 without the above impairments, the request YAG laser capsulotomy is not medically necessary